

# HIPAA/CMIA/42 CFR AUTHORIZATION REVIEW CHECKLIST

Requester \_\_\_\_\_

Element Present?		Required Element/Statement
Yes	No	
		a. Handwritten by the person who signs it or is in typeface no smaller than 14-point type. [Cal. Civil Code 56.11(a)]
		b. Authorization is not combined with any other document to form a compound authorization. [45 CFR 164.508(b)(3)]
		c. Provides a specific and meaningful description of the information to be disclosed, including specific records and service dates. [45 CFR 164.508(c)(1)(i), Cal. Civil Code 56.11(d) and 42 CFR 2.31(3) requires patient NAMES and what kind of information]
		d. A specific division is identified as the one authorized to disclose the medical record. [45 CFR 164.508(c)(1)(ii); Cal. Civil Code 56.11(e) and 42 CFR 2.31(1)]
		e. Provides the name or other specific identification of the person(s) or entity(ies) to whom disclosure can be made. [45 CFR 164.508(c)(1)(iii); Cal. Civil Code 56.11(f) and 42 CFR 2.31(2)]
		f. Provides a statement of the purpose of the requested disclosure (which may be "at the request of the client"), including any limitations on the use of the information. [45 CFR 164.508(c)(1)(iv); Cal. Civil Code 56.11(g) and 42 CFR 2.31(4)]
		g. Provides an expiration date or a valid expiration event AND the date has not passed nor has the expiration event occurred. [45 CFR 164.508(b)(2)(i), 45 CFR 164.508(c)(1)(v), Cal. Civil Code 56.11(h) and 42 CFR 23.1(7) and (9)]
		h. Signed and dated by client or client's authorized personal representative. If signed by the authorized personal representative, a description of such representative's authority to act for the client is provided. [45 CFR 164.508(c)(1)(vi), Cal. Civil Code 56.11(c) and 42 CFR 2.31(6)]
		i. Statement of client's right to revoke the authorization, exceptions to this right, and a description of how to revoke (a reference to the same information in the Notice of Privacy Practices may be provided instead of the last two items). [45 CFR 164.508(c)(2)(i)(a); Cal. Civil code 56.15 and 42 CFR 2.31(8)]
		j. Statement that treatment, payment, enrollment or eligibility for benefits may NOT be conditioned upon signing the authorization. [45 CFR 164.508(c)(2)(ii)]
		k. Statement regarding the potential that the information disclosed pursuant to the authorization may be re-disclosed by the recipient and, if so, it may no longer be protected by a federal confidentiality law (i.e., HIPAA) if the recipient of the medical record is not subject to such federal confidentiality law. [45 CFR 164.508(c)(2)(iii)]
		l. Statement that person signing the authorization has the right to (or will receive) a copy of the authorization. [45 CFR 164.508(c)(4) and Cal. Civil Code 56.11(j)]
		m. Other (provide details) _____
Reviewed by:		Date:
(print name)		(title)

Times New	Courier	Constantia	Ariel
Ten	Ten	Ten	Ten
Twelve	Twelve	Twelve	Twelve
Fourteen	Fourteen	Fourteen	Fourteen